FORMS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, Plantation: AUGUSTA

Street or Road: 179 PEQUOT LAKE ROAD

Subdivision, Lot #:

>> Caution: Permit Required – Attach in Space Below <<

AUGUSTA 5122 TOWN COPY

Date Permit Issued: 7/7/03 $ 275.00 ☐ If Double Fee Charged

Local Plumbing Inspector Signature

L.P.I. # 1

OWNER/APPLICANT INFORMATION

Name (last, first, MI): O'CONNOR, CHARLES M. (Owner) Applicant

Mailing Address of ☒ Owner ☐ Applicant: 179 PEQUOT LAKE ROAD, AUGUSTA, ME 04330

Daytime Tel. #: 622-2030

Municipal Tax Map # 4 Lot # 149

Owner or Applicant Statement

I state that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant — Date

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature — (1st) Date Approved — (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. ☒ First Time System
2. ☐ Replacement System
   Type Replaced: ____
   Year Installed: ____
3. ☐ Expanded System
   a. ☐ One-time exempted
   b. ☐ Non-exempted
4. ☐ Experimental System
5. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES

1. ☒ No Rule Variance
2. ☐ First Time System Variance
   a. ☐ Local Plumbing Inspector Approval
   b. ☐ State & Local Plumbing Inspector Approval
3. Replacement System Variance
   a. ☐ Local Plumbing Inspector Approval
   b. ☐ State & Local Plumbing Inspector Approval
4. ☐ Minimum Lot Size Variance
5. ☐ Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

1. ☐ Complete Non-engineered System
2. ☐ Primitive System (graywater & alt toilet)
3. ☐ Alternative Toilet, specify: ____
4. ☐ Non-Engineered Treatment Tank (only)
5. ☐ Holding Tank, ____ gallons
6. ☒ Non-engineered Disposal Field (only)
7. ☐ Separated Laundry System
8. ☐ Complete Engineered System (2000 gpd or more)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Field (only)
11. ☐ Pre-treatment, specify:
12. ☐ Miscellaneous components

SIZE OF PROPERTY

± 8 ☐ sq. ft. ☒ acres

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 3
2. ☐ Multiple Family Dwelling, No. of Units: ____
3. ☐ Other: ____ SPECIFY

TYPE OF WATER SUPPLY

1. ☒ Drilled Well 2. ☐ Dug Well 3. ☐ Private
4. ☐ Public 5. ☐ Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete
   a. ☒ Regular
   b. ☐ Low Profile
2. ☐ Plastic
3. ☐ Other: ____

CAPACITY 1000 gallons EXISTING

DISPOSAL FIELD TYPE & SIZE

1. ☒ Stone Bed 2. ☐ Stone Trench
3. ☐ Proprietary Device
   a. ☐ Cluster array c. ☐ Linear
   b. ☐ Regular load. d. ☐ H-20 load
4. ☐ Other: ____

SIZE 1000 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

1. ☒ No 3. ☐ Maybe
2. ☐ Yes >> Specify one below:
   a. ☐ Multi-compartment Tank
   b. ☐ Tanks in Series
   c. ☐ Increase in Tank Capacity
   d. ☐ Filter on Tank Outlet

DESIGN FLOW

270 gallons per day

BASED ON:

1. ☒ Table 501.1 (dwelling unit(s)
2. ☐ Table 501.2 (other facilities)

SHOW CALCULATIONS – for other facilities –

3. ☐ Section 503.0 (meter readings)

ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN

3 / C /

at Observation Hole # 1

Depth 20" Elevation ____

OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

1. ☐ Small – 2.0 sq. ft./gpd
2. ☐ Medium – 2.6 sq. ft./gpd
3. ☒ Medium-Large – 3.3 sq. ft./gpd
4. ☐ Large – 4.1 sq. ft./gpd
5. ☐ Extra Large – 5.0 sq. ft./gpd

PUMPING

1. ☐ Not Required
2. ☐ May Be Required
3. ☒ Required >> Specify only for engineered or experimental systems:

DOSE: gallons

SITE EVALUATOR STATEMENT

I Certify that on 6/19/03 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature — SE# 226 — Date 6/24/03

VAUGHN L. SMITH — Site Evaluator Name Printed — Telephone # 724-5635

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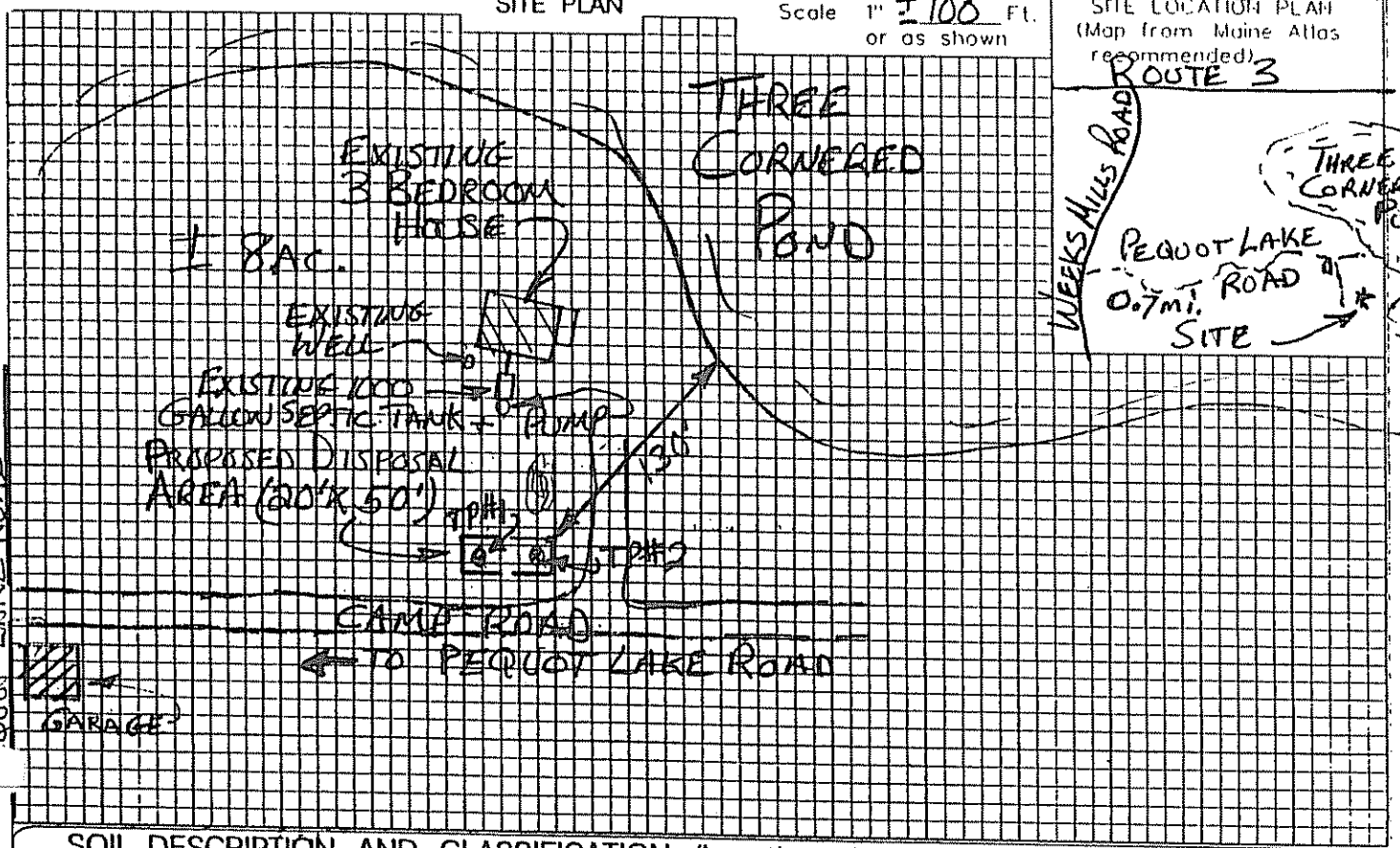
Owner's Name: CHARLES M. O'CONNOR

SITE PLAN

Scale 1" = 100 Ft. or as shown



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	GRAVELLY	FRIABLE	DARK BROWN	NONE
10–20	SANDY		YELLOWISH BROWN	
20–30	LOAM		OLIVE BROWN	FEW FAINT
30–40		FIRM		
40–50				

Soil Classification: Profile 3, Condition C
Slope: 6%
Limiting Factor: 20" ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–10	COBBLY	FRIABLE	DARK BROWN	NONE
10–20	SANDY		OLIVE BROWN	
20–30	LOAM	FIRM	PALE OLIVE	FEW FAINT
30–40				
40–50				

Soil Classification: Profile 3, Condition C
Slope: 4%
Limiting Factor: 21" ☒ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Vaughn L. Lunt
Site Evaluator Signature

226
SE #

6/24/03
Date

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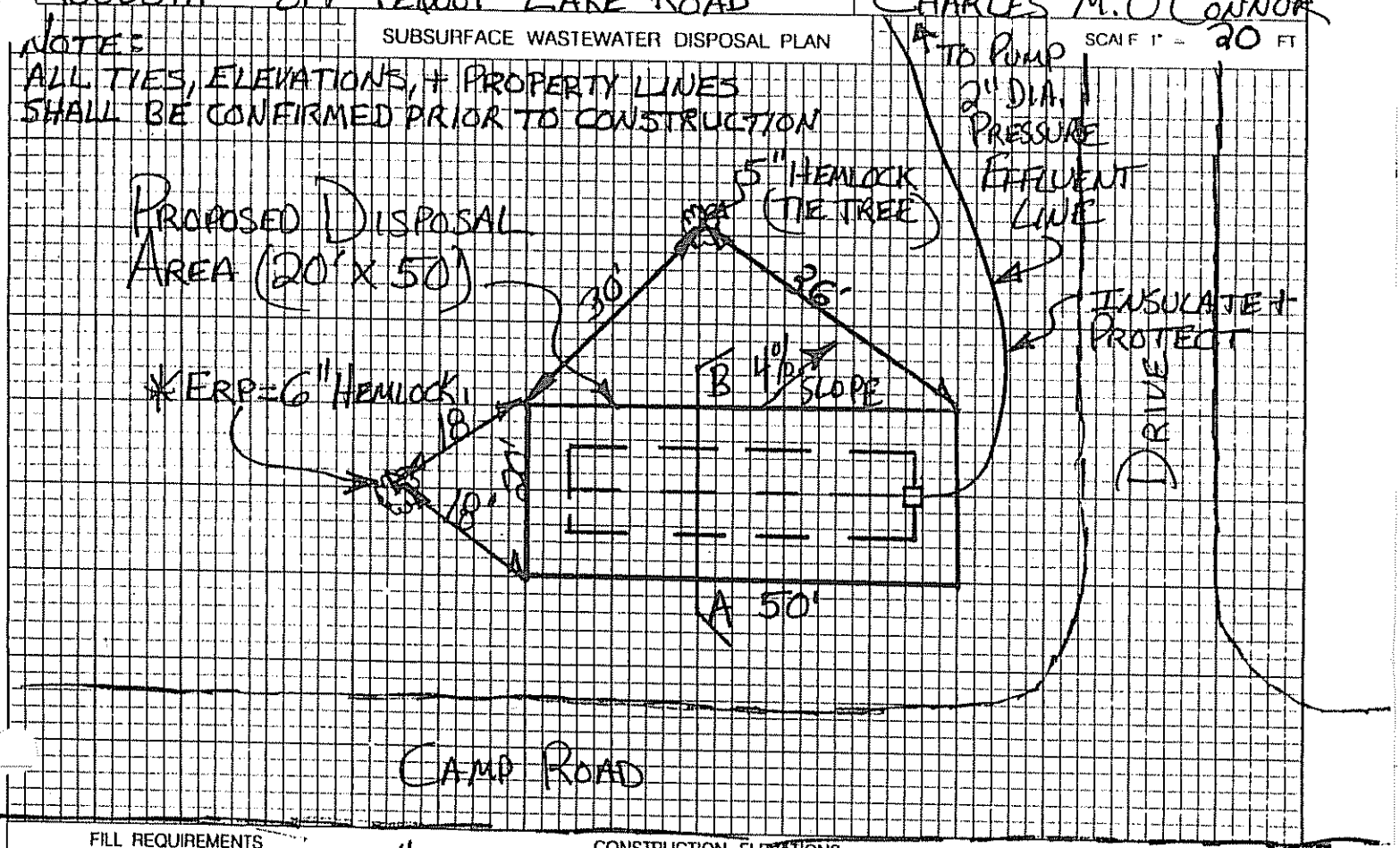
SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT

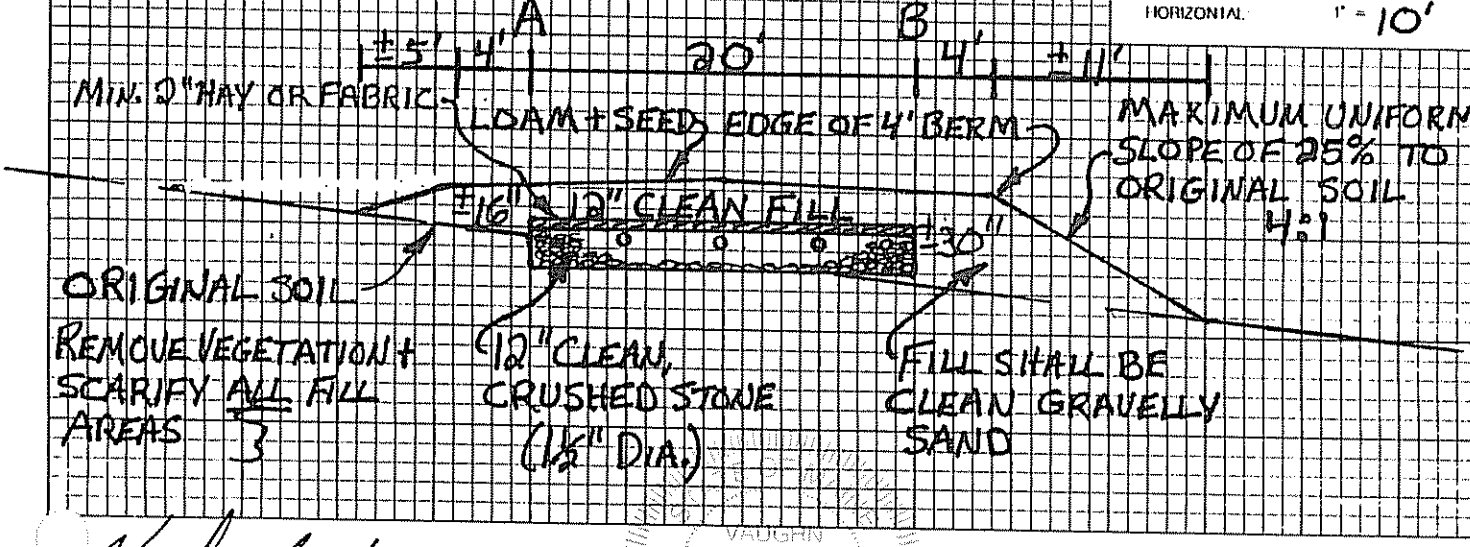
NOTE:
ALL TIES, ELEVATIONS, + PROPERTY LINES SHALL BE CONFIRMED PRIOR TO CONSTRUCTION



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	16"	Finished Grade Elevation	-34"	Location & Description: 6" HEMLOCK W/ NAIL 39" ABOVE GROUND
Depth of Fill (Downslope)	30"	Top of Distribution Pipe or Proprietary Device	-46"	
FILL DEPTHS WILL VARY		Bottom of Disposal Area	-58"	Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'; HORIZONTAL: 1" = 10'



Vaughn Libbey
Site Evaluator Signature

226
SE #

6/24/03
Date